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ABSTRACT

This guide is designed to help teachers, especially in South Carolina, develop an effective competency-based vocational education program in occupational home economics, with emphasis on home health aides or homemaker services for the elderly. The course covers the following topics: the aging process (biological aging, psychology of aging, societal attitudes); coping with special needs and problems of the aging; and career opportunities in the home and in institutions for care of the elderly. The unit is organized in five competencies. Each competency consists of performance objectives matched with performance guides, learning experiences, and instructional resources. Supplemental materials provide information on caring for the elderly in their homes and in institutions. (KC)

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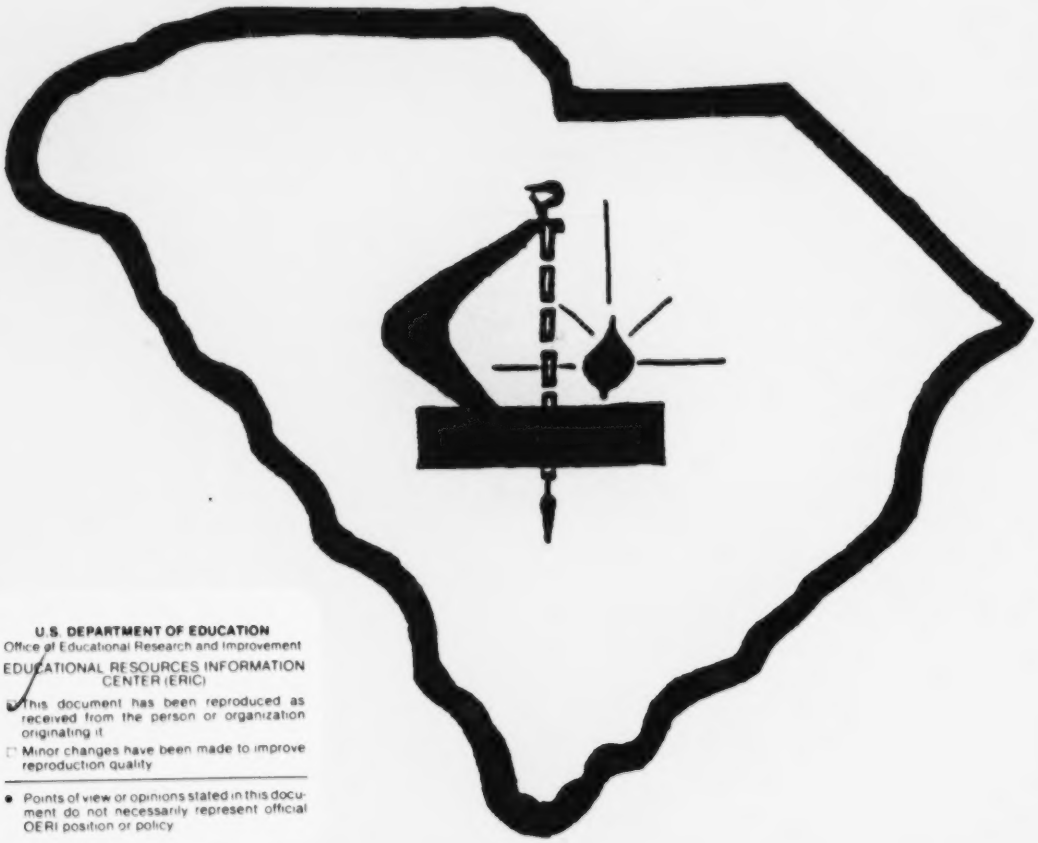
A CURRICULUM GUIDE FOR

INSTITUTIONAL AND HOME MANAGEMENT SERVICES EDUCATION



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VOCATIONAL HOME ECONOMICS EDUCATION

A GUIDE FOR PLANNING

COMPETENCY-BASED

INSTITUTIONAL AND

HOME MANAGEMENT SERVICES EDUCATION

IN

HOME ECONOMICS EDUCATION PROGRAMS

Home Economics Education
Vocational Programs and Curriculum
Program Planning and Development Section
Office of Vocational Education
South Carolina Department of Education
1988

SOUTH CAROLINA DEPARTMENT OF EDUCATION

Dr. Charlie G. Williams, State Superintendent of Education

Division of Instruction
Sidney B. Cooper, Deputy Superintendent

Office of Vocational Education
Dr. Moody Oswald, Director

Vocational Curriculum Development Section
Dr. Robert T. Benson, Chief Supervisor

South Carolina Department of Education: An Equal Opportunity Agency
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FOREWORD

The focus of occupational home economics programs is developing competencies and skills for employment in businesses and industries providing human services needed by society. Statistics identifying future employment opportunities predict a great demand for skilled persons in the service industries. One occupational area with an increasingly high employment demand is Home Health Care and Independent Living Services for the Elderly.

In an effort to provide resources for use in the Institutional and Home Management Services programs, the Office of Vocational Education, Home Economics Unit, initiated this curriculum development effort. From this effort, this mini-guide was developed and a set of competency-based materials previously published was purchased to be used as resources for teachers to use.

The mini guide and resource material reflect South Carolina's continuing effort to implement competency-based vocational education. CBVE focuses on providing each student with the specific skills and knowledge required to obtain and hold a job in the field of his/her choice.

Carmen R. Pough
State Supervisor
Home Economics Education

ACKNOWLEDGMENTS

This competency-based curriculum guide has been developed through the hard work of several individuals. Grateful appreciation is extended to Jeanne Florence and Ann Hunyady for sharing their experience and writing skills.

A project is not complete until it is on paper. For this we wish to thank our editing and word processing staff, Elizabeth Yergason, editor; and Barbara Richardson and Jim Lewallen, word processing specialists.

Mary Etta Livingston
Curriculum Designer
Curriculum Development Section
Office of Vocational Education

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INSTITUTIONAL AND HOME MANAGEMENT SERVICES

INTRODUCTION

South Carolina is involved in a major effort to implement competency-based vocational education. CBVE focuses on providing each student with the specific skills and knowledge required to obtain and hold a job in the field of his/her choice. Competency-based vocational education relies on these assumptions:

1. The skills and knowledge that students learn should be directly related to the duties and responsibilities they will have to perform on the job.

2. These skills and areas of knowledge, and the means for evaluating their attainment, should be specified in advance and made known to the students.

3. Students should be provided with whatever instructional experiences they need to attain the skills and knowledge required by the jobs they are seeking.

In competency-based education, the emphasis is for the student to on attain clear-cut, measurable, competencies, by measuring progress based on pre-set criterion. Since competency-based vocational education stresses helping every student acquire the specific skills and knowledge needed on the job, the student outcomes, or competencies desired, must be clearly defined.

Each teacher is encouraged to use the guide as a foundation for the development of competency-based instruction within the home economics program. As the guide is used and instruction developed, it is necessary to understand the basic terms and concepts involved.

COMPETENCY - Identifies the specific task to be performed. This task would relate to a skill, knowledge, and/or attitude needed for on-the-job performance. A competency statement contains an action verb and a noun (i.e., fill out a job application form).

PERFORMANCE OBJECTIVE - States exactly what the learner must do, indicating an activity that is to be observed and measured. A performance objective contains three bits of information: (1) conditions which describe the situation, limits, supplies, tools, and equipment which the student will have to work with (given what?); (2) behavior which states exactly what observable action the learner must demonstrate (does what?); and (3) standard which describes how much is required or how precise the quality of work must be done (how well?).

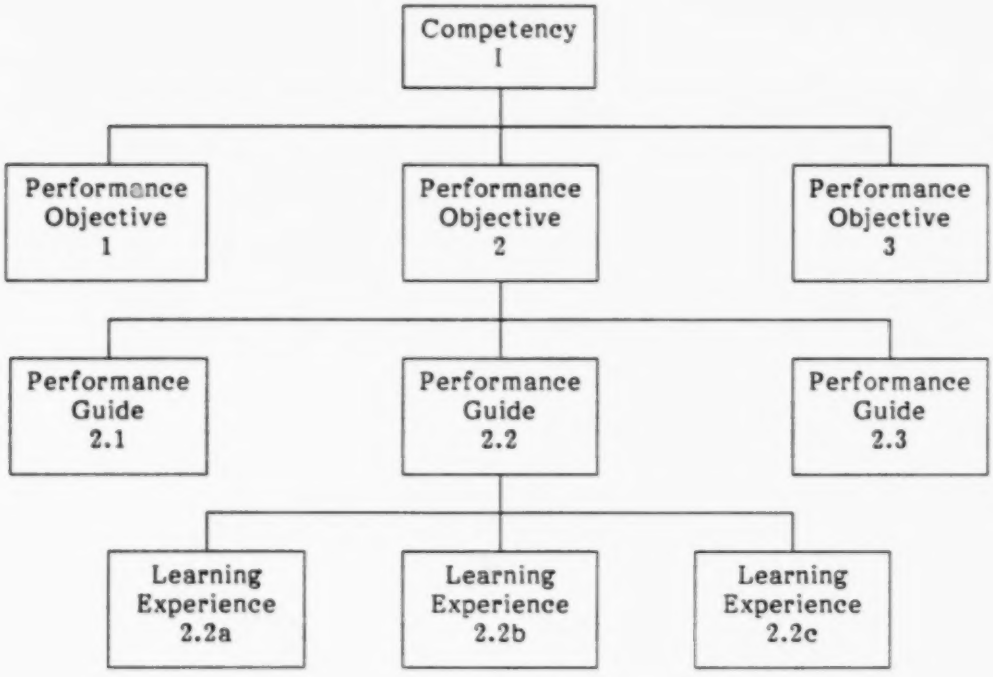
In developing a course of instruction, performance objectives can be used in at least four major ways. First, stated objectives can help identify exactly what should be taught and enable teachers to make decisions which should clearly define the goals of instruction. Second, objectives aid in sequencing content within the course, and helps the teacher select appropriate instructional techniques and materials. Third, stated objectives simplify the development of those measures that will determine the student's ability to perform tasks. The criteria for making judgments about the performance levels of students is determined prior to actual instruction. Finally, after a program (or course) has been developed and used in the classroom, the objectives provide a means of evaluating the success of that program.

PERFORMANCE GUIDE - Series of steps arranged in the sequence usually followed which, when completed, should result in the performance of an objective.

The guides may be viewed as enabling objectives which help the student work toward achievement of the performance objective.

LEARNING EXPERIENCES - A series of activities designed to assist the students master specific knowledge and skills. Because competency-based vocational education is student centered, all learning experiences are written in terms of what the student should do. Student learning experiences dictate the teacher preparation and teacher activities which are necessary.

The diagram below indicates the relationships of the components of the guide. Note that performance guides and learning experiences are pictured for only one objective. It must be remembered that each objective has its respective guides and experiences.



To facilitate the use of the guide two symbols have been used to denote teacher evaluation activities.

e - Designates evaluation related to performance guide. When this symbol is used after a learning experience, it is suggested that the teacher evaluate the student's work and inform the student of his/her progress toward achievement of specific tasks.

E - Designates evaluation related to a performance objective. When this symbol appears after the learning experiences, it indicates that the student has completed activities contributing to the achievement of each performance guide and is now ready to demonstrate mastery of a major task. Successful completion of the performance objective indicates the student possesses a skill which contributes to the achievement/mastery of the competencies of the educational program.

The Guide for Institutional and Home Management Services has been designed to promote an effective competency-based vocational education program. It is hoped that teachers will use this resource to enhance and expand competency-based instruction within Home Economics Education.

CONCEPTUAL STRUCTURE

I. The Aging Process
   A. Biological Aging
      1. Health
      2. Chronic Conditions
      3. Impairment and Disability
      4. Psychomotor and Perceptual Competencies

   B. Psychology of Aging
      1. Change in Self-Concept
      2. Change in Social Roles
      3. Mental Illness/Institutionalization
      4. Widowhood
      5. Coping with Death
      6. Dependency

   C. Societal Attitudes
      1. Cultural, Ethnical and Socio-Economical Differences
      2. Common Myths
      3. Acceptance/Rejection

II. Coping with Special Needs and Problems of the Aging
   A. Biological
   B. Personal Hygiene
   C. Nutritional

III. Career Opportunities
   A. Home Related
   B. Institutional
   C. Personal Requirements
   D. Training

UNIT COMPETENCIES

GC 1. The student will identify entry level through professional level jobs in geriatric care services.

GC 2. The student will recognize developmental changes which must be considered in caring for the elderly.

GC 3. The student will provide personal care for the elderly.

GC 4. The student will plan menus, select, purchase, and prepare foods which will adequately meet the nutritional needs of the elderly in home care.

GC 5. The student will demonstrate ability to perform duties of a health aide and of a homemaker needed to care for the elderly.

PERFORMANCE OBJECTIVES

1. The student will identify five physical and emotional qualities necessary for working with the aging, and describe why these qualities are important for careers in this field.

2. The student will orally express the training needed for careers related to care of and service to the elderly, after exploration and research.

3. The student will analyze characteristics related to the elderly and will distinguish facts from myths.

4. The student will plan three social or recreational activities for elderly persons which reflect the physical, psychological, and socio-economic needs of the aging.

5. The student will list economic priorities for the elderly and designate how these priorities can be met with a restricted income, utilizing existing agencies.

6. The student will list five special hygiene problems associated with aging and suggest how they can be handled with maximum independence on the part of the aging person.

7. The student will plan a four day dietary plan suited for the aging and prepare and serve one meal to a group of aging citizens.

8. The student will demonstrate the duties and responsibilities of a home helper to the elderly.

9. The student will identify the effects of institutionalization on aging persons and demonstrate ways to counter these effects.

INSTRUCTIONAL CONTENT

UNIT: Geriatric Care

COMPETENCY: GC I Student will identify entry level through professional level jobs in geriatric care services.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES
1. The student will identify five physical and emotional qualities necessary for working with the aging, and describe the importance of these qualities in this field.	1.1 Identify aptitudes, skills and interests in relation to careers with the aging.
	1.2 Identify personal feelings toward and about the elderly.
2. The student will orally express the training needed for careers related to care of and service to the elderly.	2.1 Analyze investment in time and money in career training.
	2.2 Identify job opportunities in the community related to care and services for the senior citizen.

	LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES
1.1a	Complete warm-up exercise to discover some of your perceptions about aging.	**Care and Independent Living Services for Aging,** III-B9
1.1b	Complete directed reading assignment.	Kelly, Joan, et al; **Today's Teen,** pp.39-53 McGinley, Helen. **Caring, Deciding, Growing,** pp. 215-225 Supplements 1, 2, 3
1.1c	List your personal qualities on the left sheet of paper and the qualities needed for working with the elderly on the right side. Compare the two lists to determine whether you have the personal qualifications for working with the aging.	
1.2a	Complete "Attitude Survey."	Supplement 4
1.2b	Discuss the results of the "Attitude Survey" with class members. Save the results until the end of the course at which time you will complete the survey again, comparing the results.	
1.2c	View film "Where Old Age Begins" now and at the end of the course. Compare the feelings and attitude toward age, retirement, and death you have now with those you have at the end of the course.	Where Old Age Begins **(MP508). Gerontological Film Collection, North Texas State University Main Library, Denton, Texas 76203: Author, 1970. (Black/white, rental, 16mm, 30 minutes).**
	E	
2.1a	Complete directed reading assignment.	Oppenheim, Irene. **Consumer Skills,** pp.242-265 Sasse, Connie R. **Person to Person,** pp. 374-375
2.1b	Discuss the importance of training competent people to staff establishments providing care and guidance for the elderly.	Supplements 5, 6.
2.2a	Brainstorm possible positions in own community.	**Care and Independent Living Services for Aging,** II-A1, II-A2

UNIT: Geriatric Care

COMPETENCY: GC I Student will identify entry level through professional level jobs in geriatric care services.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES
	2.3 Describe the hierarchy of jobs serving the aging and identify the training required for each job.

	LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES
2.2b	Investigate outside of class the specific agencies and businesses in the community for jobs related to the elderly. Present the information to the class.	
2.2c	List in notebook specific jobs available and describe tasks for each position.	
	e	
2.3a	Invite directors or representatives of businesses and agencies to discuss criteria and training for jobs. Discuss with this person pretraining experiences which would be beneficial to a person contemplating working with the aging.	Supplement 7
2.3b	List in notebook training required for each job listed.	
	e	

UNIT: Geriatric Care

COMPETENCY: GC 2 Student will recognize developmental changes which must be considered in caring for the elderly.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES
1. The student will analyze characteristics related to the elderly and will distinguish facts from myths.	1.1 List some basic assumptions the population has about the elderly.
	1.2 List actual facts pertaining to the elderly.
	1.3 Differentiate facts from myths.
2. The student will plan three social or recreational activities for elderly persons which reflect the physical, psychological, and socio-economic needs of the aging.	2.1 Define terminology associated with physical, psychological, and socio-economic needs of the elderly.

	LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES
1.1a	Complete warm-up exercises to become aware about one's perceptions about aging.	**Care and Independent Living Services for Aging,** III-B-9
1.1b	Read handouts concerning myths and assumptions about being old.	**Care and Independent Living Services for Aging,** III-A-1, III-A-2, III-A-3 Supplement 8
1.1c	List five assumptions often made about older persons.	
	e	
1.2a	Read Robert Browning's poem "Grow Old With Me" and discuss meaning.	
1.2b	Complete directed reading assignment.	Perkins, Hugh V. **Human Development and Learning** pp. 442-447
1.2c	List five actual facts about the elderly.	
	e	
1.3a	View film depicting issues prevalent in aging.	Select a film from those listed in **Care and Independent Living Services for Aging,** III-B-11 through B-47
1.3b	Make a comparative list in notebook entitled FACTS-- -- --MYTHS.	
	E	
2.1a	Participate in warm-up exercise aimed at increasing participant's ability to distinguish individual and common interests.	**Care and Independent Living Services for Aging,** V-BI
2.1b	Complete word games to become familiar with terminology associated with the elderly.	Supplements 9, 10
2.1c	Complete directed reading assignment.	**Care and Independent Living Services for Aging,** V-B5 Supplement 13 Dunn, Martha, et al. **Living, Learning and Caring,** pp. 12-15, 116-117.

UNIT: Geriatric Care

COMPETENCY: GC 2 Student will recognize developmental changes which must be considered in caring for the elderly.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES
	2.2 Describe how physical changes effect psychological and social changes.
	2.3 Evaluate social and recreational activities relative to the physical, psychological, and socio-economic changes in the elderly.

	LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES
		McGinley, Helen. **Caring, Deciding, Growing** pp. 91, 258-260 Perkins, Hugh V. **Human Development and Learning** pp. 442-447
2.2a	Read and discuss handout on physical change.	Supplement II
2.2b	Complete worksheet on physical aspects of aging.	Supplement 12
2.3a	Listen to guest speaker to learn: a. Major changes in the physical, psychological, and socio-economic aspects of an older person's life. b. Social and recreational needs and preferences of older Americans.	Director of local nursing home facility Older Americans Director of community senior citizen programs
2.3b	Chart summary of the major changes and activities that tend to modify or accommodate these changes. e	
2.3c	View film illustrating changes in the lives of the elderly and ways these changes were handled.	Select a film from those listed in **Care and Independent Living Services for Aging,** V-B6 through V-B24
2.3d	Read and discuss handout concerning planning activities for the elderly.	Supplement 13, 14A, 14B
2.3e	Brainstorm with the class on alternative social and recreational activities for older Americans that modify or accommodate the changes of the aging process. Take into consideration transportation by relatives and friends.	
2.3f	Plan and conduct an activity for an older American resource person. E	

UNIT: Geriatric Care

COMPETENCY: GC 2 Student will recognize developmental changes which must be considered in caring for the elderly.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES
3. The student will list economic priorities for the elderly and designate how these priorities can be met with a restricted income, utilizing existing agencies.	3.1 Define cost of living.
	3.2 Locate agencies which provide resources/support programs for the aged.

	LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES
3.1a	Read and discuss selected references on financial needs and financial priorities of aging Americans.	Sanders, Kelly, **Today's Teen**, pp. 91-109, 257-260 Oppenheim, Irene. **Consumer Skills**, pp. 193-195, 200-210, 214-215 U.S. Department of Education **Your Medical Handbook**, Pub. No. 55A-74-10050 DOE Pamphlets: **To Find the Way to Opportunities and Services for Older Americans** **AOA Federal Focal Point for Action for Older Americans** Supplements 15, 16, 17, 18, 19
3.1b	Write a group definition of "cost of living."	
3.2a	View film about resources available to help meet the needs of the elderly.	**Tell Me Where to Turn** (MP441). **Gerontological Film Collection, North Texas State University Main Library. Denton, Texas 76203:** (Color, rental, 16mm, 30 minutes). **Step Aside, Step Down (MP524). Gerontological Film Collection, North Texas State University Main Library. Denton, Texas 76203:** (Color, rental,16mm, 20 minutes).
3.2b	Invite representatives from Social Security office or other regional/ state agencies designed to serve the needs of the elderly. Ask them to give information about their own and other programs. Include the following: a. Examples of the types of needs and services each agency can meet. Note on needs list. b. Information on how to contact such agencies and the procedures each uses to assess cases and begin services.	Community Resources: Office on Aging Social Security Office Welfare Office State Unit on Aging Nursing home Medical clinic/hospital for person familiar with Medicare and Medicaid help Council of Churches Senior Center Information and referral.

UNIT: Geriatric Care

COMPETENCY: GC 2 Student will recognize developmental changes which must be considered in caring for the elderly.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES

LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES

c. Their source of funding and problems of adequate ongoing funding to maintain programs for the elderly.

Obtain up-to-date pamphlets and other handouts from community resources.

3.2c Participate in a discussion with the class to identify needs of the elderly which a Home Helper can meet only through assistance from other resources. Post needs on newsprint under the following catergories, leaving room to list resource opposite need:

a. Agency help
b. Institutional help
c. Individual help
d. Other community assistance

May include need for:

a. Hospitalization
b. Doctor/dentist/eye/hearing
c. Medicines
d. Special equipment (walker, bedrails, hospital bed)
e. Food service (congregate food service/ meals-on-wheels)
f. Food supplies/food stamps
g. Obtaining or repairing clothing
h. Laundry service
i. Television or entertainment
j. Reading materials, library service
k. Bank services, post office, bill paying
l. Institutionalization
m. Money/income
n. To have older person eat properly and enough food
o. Older person to care about personal hygiene/dress
p. Pastor/priest/rabbi, etc.
q. Beauty parlor/barber shop

Leave list posted for remainder of this competency.

UNIT: Geriatric Care

COMPETENCY: GC 2 Student will recognize developmental changes which must be considered in caring for the elderly.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES
	3.3 Categorize the expenses of the elderly and determine how these expenses can be met.

LEARNING EXPERIENCES		INSTRUCTIONAL RESOURCES
3.3a	Interview three elderly people to discover their most important financial priorities.	
3.3b	Listen to local pharmacist speak on medication costs of the elderly.	
3.3c	Listen to local realtor discuss housing availability and cost for the elderly.	
3.3d	Develop two sample case histories of situations where a Home Helper would need to utilize one or more of the local, state, or federal agencies and institutions to meet the needs of the person in his/her care. As a group, post the needs on newsprint.	
3.3e	Work out a plan for meeting the needs, including how one approaches the agency/institution for assistance and how long it takes to receive assistance. Two examples of needs to be included are: a. Elderly person is able to, and expresses a desire to, participate in church/social/hobby/craft activity. b. Elderly person needs to see dentist/doctor/eye doctor. (Do not limit yourself to only these needs).	
3.3f	Present plan to the class for discussion.	
	E	

UNIT: Geriatric Care

COMPETENCY: GC 3 Student will provide personal care for the elderly.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES
1. The student will list five special hygienic problems associated with aging and suggest how they can be handled with maximum independence on the part of the aging person.	1.1 Identify problems related to personal hygiene.
	1.2 Demonstrate procedure in assisting the elderly with hygienic needs.

	LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES
1.1a	Brainstorm how hygienic needs of the elderly differ from a teenager.	Supplement 20, 21
1.1b	Discuss the physical and emotional importance of personal hygiene for elderly persons.	**Care and Independent Living Services for Aging,** V-35 (green section) Supplement 23 **Care and Independent Living Services for Aging,** V-B3 (white section)
1.2a	Invite one or all of the following resource people to demonstrate to the class the proper procedures for assisting the elderly with bathing in bed or tub. a. Geriatric nurse b. Visiting Nurses Association representative c. Dermatologist	Community Resources: Hospital Nursing home Visiting Nurses Association Hospice volunteer.
1.2b	Divide into pairs to practice procedures for assisting the elderly in bathing. The teacher will serve as a resource to assist with solving problems and to give specific guidance in improving techniques. Maximum independence on part of the elderly is to be supported at all times.	
1.2c	Discuss with class particular circumstances which might alter procedures, e.g., stroke patients, patients in casts or traction, disoriented or fearful elderly persons.	
1.2d	View and discuss film concerning personal hygiene for the aging.	The Homebound Aged **(MP516). Gerontological Film Collection, North Texas State University Main Library. Denton, Texas 76203:** (Black/white,rental, 16 mm, 30 minutes).

UNIT: Geriatric Care

COMPETENCY: GC 4 Student will plan menus; select, purchase and prepare foods which will adequately meet the nutritional needs of the elderly in home care.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES
1. The student will develop a four day dietary plan suited for the aging. Prepare and serve one meal to a group of aging citizens.	1.1. Identify the basic four food groups and servings of each appropriate for the elderly.

	LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES
1.1a	Read an assignment in a reference provided by the teacher about the basic four food groups.	Handouts: **Care and Independent Living Services for Aging** "Dietary Education," VI-A2 "Recommended Daily Allowances," VI-B4 "Basic Four Food Groups," VI-AI "Food Facts," VI-A4. Kelly, Jean, et al. **Today's Teen,** pp. 327-355 McDermott, et al. **Homemaking for Teen-Agers, Book 2,** pp. 459-461, 506. White, Ruth Bennett. **Food and Your Future,** pp. 295-303. Roache Laboratories. **Food and the Nursing Home Patient: Workbook 5** U.S. Department of Education, Administration on Aging. **A Selected Annotated Bibliography - Nutrition on Aging Meal Management** **Care and Independent Living Services for Aging,** VI-27 through VI-1 **Foundations of Food Preparation.**
1.1b	Record everything eaten for 24 hours. Compare results of this record to handout "Recommended Daily Allowances." Discuss how food/eating habits and attitudes might influence the elderly with whom you work. e	
1.1c	Discuss positive steps to affect good food/eating habits. Plan improvements to your own dietary habits. e	

UNIT: Geriatric Care

COMPETENCY: GC 4 Student will plan menus, select, purchase, and prepare foods which will adequately meet the nutritional needs of the elderly in home care.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES
	1.2 Describe food choices and dietary habits related to the aging.

	LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES
1.1d	View filmstrip on menu planning.	Film: "Food Preparation." **Care and Independent Living Services for Aging,** VI-31, National Education Media.
1.1e	Discuss the fact that many elderly live in rooming houses or hotels in cities and in rural areas which do not have full kitchen facilities available. Give examples of nutritious foods that could be prepared on hot plates or in an electric skillet, and with a limited water supply.	**Care and Independent Living Services for Aging,** VI-B8, " Lack of Complete Kitchen Facilities Among the Elderly."
1.1f	Watch a demonstration of proper menu planning for the elderly with food pictures, models, or sample menus.	Community Resources: Utility company home economist Kitchens of teacher/learners Home economics extension agent Hospital or local nursing home.
1.2a	Read handouts containing information on the special nutritional needs and eating problems often related to aging.	**Care and Independent Living Services for Aging:** "About the Elderly and Their Nutrition," VI-A5 "Danger Signals of Poor Nutrition Among the Aged," VI-A6.
1.2b	Visit a nursing home at mealtime. Include in the planning: a. Observation of elderly eating in bed and at tables, b. Preparation and service of food, c. Nutritional adequacy of the meal, d. Actual experience of eating with elderly at the table, e. Appearance of trays and table settings, f. Observation of types and quantities of food left uneaten. Note the difference this makes in adequacy of the diet. Take notes on your observations and attitudes towards the food and service.	

UNIT: Geriatric Care

COMPETENCY: GC 4 Student will plan menus; select, purchase, and prepare foods which will adequately meet the nutritional needs of the elderly in home care.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES
	1.3 Review basic meal planning principles and plan appropriate meals for aging persons.

	LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES
1.2c	Discuss your experiences at the nursing home. Consider the nutritional quality, appearance and temperature of the food and the attitudes of the elderly toward the food.	
1.2d.	Listen to a presentation by a nutritionist who specializes in geriatrics. The presentation should cover the following: a. The basic four food groups, b. Special dietary concerns common to the older American, c. Eating problems frequently found in older Americans.	Director of Meals-On-Wheels Dietary consultant of hospital or nursing home.
1.2e	Participate in a discussion with the nutritionist on special needs/concerns relating to the elderly and nutrition which can be solved through the following: a. Menu planning, b. Table/tray arrangement, c. Other adjustments in eating environment, d. Model of good eating habits that provide the older American in their care.	
1.3a	Read and discuss handout concerning menu planning for the elderly.	**Care and Independent Living Services for Aging**, VI-A7, VI-A8, VI-A9, VI-A10.
1.3b	Divide into small groups. Obtain a "profile" of an elderly person from your teacher. Plan a week's menu for this person, considering the following: a. Nutrition b. Appearance c. Economy d. Special needs of the person.	
1.3c	Duplicate and distribute to entire class copies of the dietary plan. Evaluate the menus, adding to or altering them as necessary.	
1.3d	Have a nutritionist make any additional comments/suggestions regarding the menus.	

UNIT: Geriatric Care

COMPETENCY: GC 4 Student will plan menus; select, purchase, and prepare foods which will adequately meet the nutritional needs of the elderly in home care.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES

	LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES
1.3e	Select a lunch or a dinner menu. Make grocery list, prepare, and serve the meal to an elderly invited guest. Clean up after the meal.	
1.3f	Discuss and evaluate the meal each group prepared. Bring up any insights gained about personal/ cultural preferences, attitudes and feelings about food and eating which you observed in your elderly guest and yourself.	**Care and Independent Living Services for Aging,** "Check Sheet on Sanitation Procedures," VI-A22 "Check Sheet on Cooking Hazards," VI-A24.

UNIT: Geriatric Care

COMPETENCY: GC 5 Student will demonstrate ability to perform duties of health aide and of a homemaker needed to care for the elderly.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES
1. The student will demonstrate the duties and responsibilities of a home helper to the elderly.	1.1 Identify the many tasks of a Home Helper.
	1.2 Realize the importance of a Home Management Agreement.
	1.3 Recognize the importance of maximum independence on the part of the elderly client.
	1.4 Understand and evaluate home safety for the elderly.

	LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES
1.1a	Complete directed reading assignment.	McKinley, Helen. **Caring, Deciding, Growing**, pp. 198-204, 256-277. **Care and Independent Living Services for Aging**, VII-B1, VII-B2, VII-A36, VII-A37, IX-A14.
1.1b	Invite a homemaker from the Department of Social Services to speak to class on their specific duties. Have question and answer session.	Supplement 22
1.1c	List required home helper tasks in notebook and evaluate individual abilities in each area.	Kelly, Joan, et al. **Today's Teen**, pp. 91-109, 297-307.
1.1d	Review basic home management skills.	
1.2a	Read handout about the Home Management Agreement.	**Care and Independent Living Services**, VII-AI
1.2b	Read and discuss case study and sample agreement.	**Care and Independent Living Services for Aging**, VII-A8 through A-14.
1.3a	Visit an older person to discuss: a. Ways a Home Helper might be offensive to an older person while they perform their tasks. b. Ways a Home Helper could encourage independence on the part of the older client by working together on housekeeping tasks, involving other family members/ friends, etc.	
1.3b	Write a sample home management agreement and schedule, using a case study.	**Care and Independent Living Services for Aging**, VII-A8 through A-35.
1.4a.	Review basic home safety rules.	**Care and Independent Living Services for Aging**, VII-A38, VII-A39, VII-A47 through A49.

UNIT: Geriatric Care

COMPETENCY: GC 5 Student will demonstrate ability to perform duties of a health aide and of a homemaker needed to care for the elderly.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES

	LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES
1.4b	View film on importance of providing a safe environment for the aged and some of the safety procedures necessary.	Film: "A Matter of Seconds," **Care and Independent Living Services for Aging**, VII-B3.
1.4c	Compare basic safety with special safety needs of the elderly.	
1.4d	Evaluate students' homes with regard to safety needs of the aged.	Community Resources: Department of Social Services Director of local day care center for the elderly Safety director of local fire department Visiting Nurses Association.

UNIT: Geriatric Care

COMPETENCY: GC 5 Student will demonstrate ability to perform duties of a health aide and of a homemaker needed to care for the elderly.

	PERFORMANCE OBJECTIVES		PERFORMANCE GUIDES
2.	The student will identify effects of institutionalization of aging persons and demonstrate ways to counter those.	2.1	Recognize the effects of institutionalization on the aging resident.
		2.2	Identify tasks of an activity director in a nursing home.
		2.3	Appraise the usefulness of reality orientation when working with the elderly.

	LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES
2.1a	View film on institutionalization of an aging person.	Film: "Peege," **Care and Independent Living Services for Aging,** IV-B18.
2.1b	Complete directed reading assignments about adjustments to institutionalization.	Supplement 23, 24, 25, 26
2.1c	Invite a director and/or a social worker of a local nursing home/hospital to speak. Allow time for discussion of effects of institutionalization on an aging person and ways adjustments can be made.	
2.2a	Visit local nursing homes and participate in activity schedule.	Activity director of local long-term care facility for the aging.
2.2b	Listen to an activity director explain his/her job.	
2.2c	Create an activity suitable for an individual nursing home resident. Discuss problems and strengths of the planned activity with the activity director.	
	e	
2.2d	Create a group activity suitable for nursing home residents.	
2.3a	Complete directed reading assignments.	**Care and Independent Living Services for Aging,** IV-A3, IV-A8.
2.3b	View and discuss film on reality orientation.	**Care and Independent Living Services for Aging,** IV-29.
2.3c	Make a sample "Reality Board."	**Care and Independent Living Services for Aging,** IV-A5.
	e	
2.3d	Participate in a discussion on the importance, functions, and techniques of reality orientation.	**Care and Independent Living Services for Aging,** IV-34 through B6.

UNIT:	Geriatric Care
COMPETENCY: GC 5	Student will demonstrate ability to perform duties of a health aide and of a homemaker needed to care for the elderly.

PERFORMANCE OBJECTIVES	PERFORMANCE GUIDES

	LEARNING EXPERIENCES	INSTRUCTIONAL RESOURCES
2.3e	Watch a demonstration of reality orientation.	Counselor, psychologist or other person skilled in reality orientation.
2.3f	Choose a partner. Practice reality orientation to the entire group. Remain sensitive to the tendency to patronize while using reality orientation techniques. Summarize thoughts and feelings during the activity. E	

SUPPLEMENTAL MATERIAL

AIDE SKILLS REQUIRED TO MEET THE RESIDENT'S PSYCHOSOCIAL NEEDS

The last section identified the five basic psychosocial needs and certain specific actions which you can take to help residents satisfy these needs.

This section identifies the general skills you need to do your job more effectively. You can acquire or sharpen these skills by:

1. Reading this manual and other material on the subject.
2. Observing other staff members and asking them questions.
3. Attending lectures and seminars.
4. Being aware of which of your actions make the residents most comfortable and practicing these actions.
5. Being aware of your own feelings toward specific individuals and nursing home residents as a group.

Building a Climate of Mutual Trust and Respect

Mutual trust between residents and nurse aides is a major element of an environment in which the five basic needs of residents can be satisfied. You are the person who represents the facility and you are the primary source of support that the resident will receive.

For residents to trust you, they must know that you will insure that their physical needs are cared for and that you will be sensitive to their basic psychosocial needs. Caring for residents' physical needs is covered in a different training program and will not be reviewed here.

With respect to satisfying the five basic psychosocial needs, there are three specific skills or techniques which can be applied. These were touched on but not specifically discussed in the previous section. The three specific skills are listening, communicating and tolerating resident behaviors.

Communicating

Even if you have the best feelings in the world, they will not help the residents if you cannot communicate with them. When you feel concern for a resident's situation you should say so. When you have empathy for a resident's pain, fear or joy, he or she will be comforted and/or gladdened if you express these feelings. When you appreciate a resident's accomplishments (in whatever area) your enthusiasm will encourage the resident and increase his or her self-esteem. Kind words, sincere compliments, and, most important, smiles, can do a lot to brighten an otherwise dreary day.

Listening

While all people have the same needs, individual residents in your care may have specific concerns which they would like to talk over with someone. By taking the time to listen to what the resident has to say, you will help that resident - even if there is nothing you can do about the situation. Even as the resident tells you things which he or she has told you before, your listening can be a satisfying moment for him or her. If the resident needs to talk about something again and again it means that the resident has not yet found the solution to the problem or has not found a way of emotionally accepting the situation. One more conversation with another person provides some of the emotional release which he or she needs.

Tolerating Resident Behaviors

As mentioned earlier, many of the residents' behavior may seem to be strange to you, especially when the residents are under particularly difficult stress. If residents are irritable, anxious, or become angry, you will be most helpful to them if you understand that they are reacting to the unresolved problems in their lives. Residents do not enjoy being angry or irritable, and if you react by being angry or by scolding them, you will only be aggravating their problems.

Applying Therapies (Techniques)

There are three specific kinds of therapy which are used to help residents who have special problems. These are attitude therapy, reality orientation, and remotivation therapy. Attitude Therapy is used to deal with residents who need to change the way they react to certain people and situations. Reality orientation is used to bring disoriented and confused residents back into contact with the real world around them. Remotivation therapy is given to residents who have become depressed and withdrawn.

Staff Goals for Helping Residents

Helping residents meet their psychosocial needs, while doing all the other things which are part of your job, may seem to be a complex task. It can be managed quite easily, however, if you set specific goals for yourself. These goals should be geared to making the emotional environment supportive for the resident, as well as seeing to it that the resident's physical needs are being cared for.

The goals which are discussed below are not intended to be a complete list. You will probably set other goals for meeting psychosocial needs of residents in your care. They are the general goals which apply to most situations and problems.

Staff Goals

Some goals which you should have for yourself include:

1. Thoroughly understanding the causes, symptoms and psychosocial implications of the various disorders experienced by nursing home residents.
2. Carefully following the plan developed by the Care Planning Team to cope with the psychosocial effects of the resident's problems.
3. Learning to help residents accept changes.
4. Becoming skilled in encouraging residents to participate, wherever possible, in the same activities they enjoyed before entering the facility.
5. Learning to help residents find suitable new activities.
6. Learning how to protect resident from potentially harmful situations.
7. Becoming skilled in helping residents set goals for themselves.

The following section contains several goals that are appropriate for elderly people residing in the nursing home. You may feel that the residents in your care should strive for other things in addition to the goals presented here. You should not hesitate discussing these with your charge nurse.

Resident Goals

The resident in your care will be happier and have more self-respect if they can participate in planning their own progress. If residents have specific goals to strive for, it will be easier for them to cope with their problems. Several possible resident goals are listed here. If residents reach these goals, or even if they make a good progress in reaching them, their adjustment to their physical problems and to life in the facility will be much better.

1. To accept the changes which will occur and which have already occurred. These changes refer to all areas of the resident's life. Specific examples include:
   - -- reduced independence
   - -- problems with vision
   - -- loss of sense of touch
   - -- loss of sense of taste
   - -- hearing loss
   - -- loss of sense of smell
   - -- gastrointestinal problems
   - -- changes in diet
   - -- limitations on physical activity

-- loss of daily interaction with family and friends.

2. To lead as normal a life as possible in spite of the changes and losses which have occurred. This means that they need to find new ways of satisfying the five basic needs.

3. To realize that physical losses, emotional upsets and other changes are normal parts of life; they do not reflect on the resident's worth as a person.

4. To participate as fully as possible in the same activities as before and to find new, rewarding activities.

5. To find satisfaction of spiritual needs.

6. To make friends within the facility; to find psychological and social support in the facility from staff members and other residents.

"Understanding Aging and Human Needs" Washington, D.C: American Health Care Association, 1978.

GUIDELINES FOR WORKING WITH OLDER PEOPLE

In his book, **Handbook of Aging: For those Growing Old and Those Concerned with Them,** Elliott Dunlap Smith offers these excellent general guidelines for dealing with older people:

1. Seek out what is good and especially what is likable in the elderly person's habits and qualities, and as far as possible respond to and work with that.
2. Remember how much an older person yearns for affection and hence how responsive that person will be to small evidences of genuine concern and warmth. This is true especially because affection which a younger person would assume, an older one who is less secure and whose memory is less active needs to be reminded.
3. Recognize with understanding and compassion the particular external problems the older person faces - financial, social, residential, personal, and so on - and keep these in mind in one's contacts with them.
4. Recognize that the elderly individual must respond to a world and an environment that have changed enormously since youth, and that in some measure the elderly person is still living in a distant and different past, making its outdated assumptions, judging by its outdated standards, liking its ways and usually unconsciously being frightened by the changed times and frustrated by the difficulty of changing in order to live well in them.
5. Bear in mind that as wrong as the elderly person's conceptions of problems and perceptions of environment may be, they are reality to the elderly person and must be taken into account when dealing with them.
6. Be aware that a relative, friend or professional can develop and nurture a background of values, judgments and understanding common to him/her and the elderly person, which becomes so deep that although this common background is rarely mentioned, it is always active and will promote both security of mind of the elderly person and the warmth and integrity of the relationship.
7. Remember that both in single contacts and in longrun relationships there are no specific procedures that can be precisely prescribed and blindly followed, but that if the younger person fully and feelingly understands the problems of the older one as an individual one can find the way to particular measures, conduct and relationships that are helpful.

Note: "Handbook of Aging: For Those Growing Old and Those Concerned with Them" is published by Barnes & Noble, a Division of Harper & Row, Inc., 10 East 53rd St., New York, N. Y. 10011 and costs $1.95 in paperback.

Smith, Elliott Dunlap. **Handbook of Aging: For Those Growing Old and Those Concerned With Them.** New York: Barnes & Noble.

THE GOOD AND THE BAD

Persons who have been trained as leaders in organizations devoted to the elderly have always ended up feeling refreshed, encouraged and enthusiastic. This is due in part, we are sure, to the response senior citizens give to a good leader; it is remarkable in that it "re-creates" the leader as much as the persons for whom the program is designed.

Some who anticipate being leaders in such groups may ask: "What sort of things can you do with the oldsters: Aren't they hard to work with?" My answers are, first, that you can do almost anything with them, and I do mean with them. But, second, they are not a bit hard to work with if you will make a point to understand them. Understanding involves knowledge both of what they like and of what they do not like.

Old persons know they are old. You don't have to emphasize that at all, and yet I have heard persons say when a group is assembling, "I am happy to be here with you older people today. I am glad to see an interest shown by our community in developing a program for senior citizens, because one of these days I am going to be old and be sitting out there where you are and I hope the same interest will be shown in me."

This is the worst kind of welcome, particularly when it is followed by a verse or two of "Darling, I am Growing Old."

Spain, Nola. **Foundations of Practical Gerontology.** Columbia, S.C.: University Press.

ATTITUDE SURVEY

Adapted from the **Tuckman-Lorge Attitudes Toward Old People** Questionnaire. **Journal of Social Psychology,** 1953, pp. 37, 249-260.

Directions: Statements about persons 65 and older are listed below. If you agree with the statement, circle YES. If you disagree with the statement, circle NO.

1.	Old people are absent minded.	YES	NO
2.	Old people are in the happiest period of their lives.	YES	NO
3.	Old people repeat themselves in conversations.	YES	NO
4.	Old people like to think about the good old days.	YES	NO
5.	Old people have a chance to do all the things they always wanted to do.	YES	NO
6.	Old people are anxious about the future.	YES	NO
7.	Old people are helpless.	YES	NO
8.	Old people feel that young parents do not know how to bring up children properly.	YES	NO
9.	Old people are careless about their table manners.	YES	NO
10.	Old people are bad patients when ill.	YES	NO
11.	Old people are bossy.	YES	NO
12.	Old people are tidy and careful about their appearance.	YES	NO
13.	Old people are very stubborn.	YES	NO
14.	Old people are good to children.	YES	NO
15.	Old people are self-reliant.	YES	NO
16.	Old people are grouchy.	YES	NO
17.	Old people prefer to live alone.	YES	NO
18.	Old people like to learn new ways of doing things.	YES	NO
19.	Old people are a burden to their children.	YES	NO
20.	Old people like to give advice.	YES	NO
21.	Old people should not marry.	YES	NO

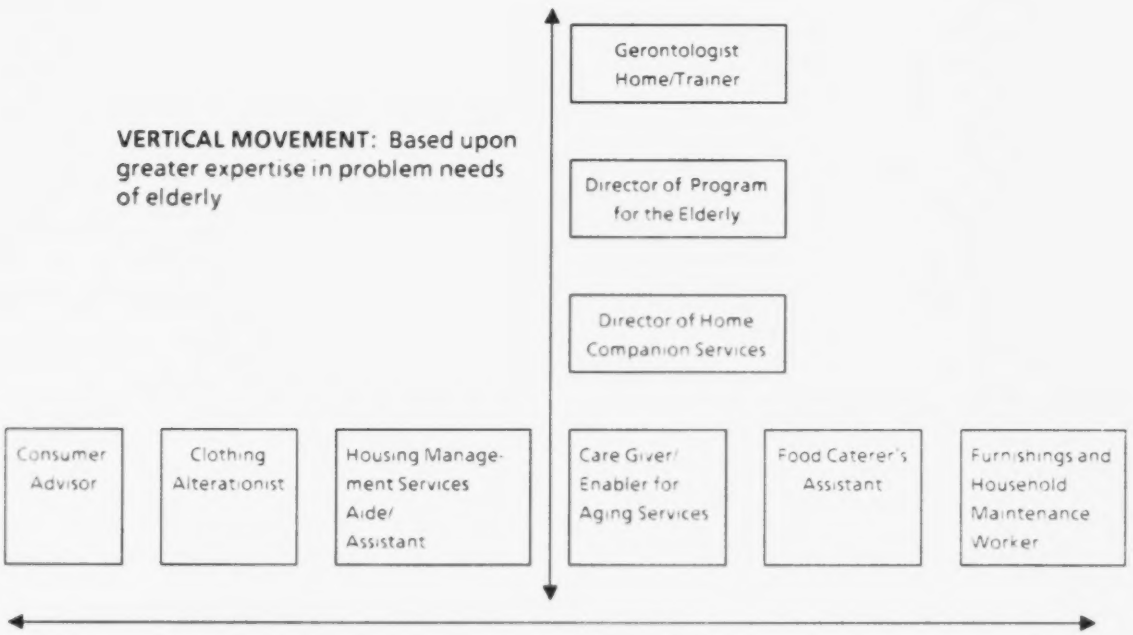
22.	Old people meddle in other people's affairs	YES	NO
23.	Old people are very helpful around the house.	YES	NO
24.	Old people are very talkative.	YES	NO
25.	Old people make friends easily.	YES	NO
26.	Old people usually look on the bright side of things.	YES	NO
27.	Old people are critical of the younger generation.	YES	NO
28.	Old people are dependent on others.	YES	NO
29.	Old people feel that their children neglect them.	YES	NO
30.	Old people feel sorry for themselves.	YES	NO
31.	Old people are better off in old age homes.	YES	NO
32.	Old people are unproductive.	YES	NO
33.	Old people become insane.	YES	NO
34.	Old people need a nap every day.	YES	NO
35.	Old people are suspicious of others.	YES	NO
36.	Old people spend much time in bed because of illness.	YES	NO
37.	Old people are in their second childhood.	YES	NO
38.	Old people take a keen interest in politics.	YES	NO
39.	Old people have no interest in the opposite sex.	YES	NO
40.	Old people would like to live their lives over again.	YES	NO

Scoring:

To indicate a favorable attitude toward the elderly, statements 1, 3, 5, 6, 7, 8, 9 10, 11, 13, 16, 17, 198, 21, 22, 24, 27 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 40 should be NO. The remainder of circled statements should be circled YES. Scores can be derived by assigning 1 point to each statement marked correctly. These statements may help prompt class discussion, if the reasons why different students responded as they did to a particular statement are questioned and discussed.

VERTICAL AND LATERAL MOBILITY FOR MODULES

The following excerpt demonstrates vertical mobility within a job cluster and lateral mobility among clusters. Common dimensions relate to provision of services for individuals in their own homes and focus on a specific population, the elderly. Vertical mobility varies with degree of expertise; lateral movement varies with the application of a different body of technical skill to the needs of the elderly. Knowledge of the unique needs of the elderly, application of a body of technical expertise and the ability to identify and use community resources are common threads pervasive throughout the lattice shown.


VERTICAL MOVEMENT: Based upon greater expertise in problem needs of elderly
Gerontologist Home/Trainer
Director of Program for the Elderly
Director of Home Companion Services
Consumer Advisor
Clothing Alterationist
Housing Management Services Aide/ Assistant
Care Giver/ Enabler for Aging Services
Food Caterer's Assistant
Furnishings and Household Maintenance Worker
LATERAL MOVEMENT: Comparable level of skill development; different body of technical skill applied to needs of elderly, in own homes.

This module focuses on those knowledges, skills, attitudes, and behaviors which are essential to obtain and maintain employment. It should be used in conjunction with or prior to each of the other modules to adequately train a learner.

GERONTOLOGISTS

Meet Susan Baxter, a gerontologist. That means she deals with aging and the problems of the aged - a career choice with great potential.

Sue works as the assistant activity coordinator for the Jewish Hospital and Rehabilitation Center in River Vale, New Jersey.

CO-ED: How did you become interested in working with older people?

Sue: I use to serve senior citizen groups when I worked in a restaurant. I found I cared about old people; I could really feel for them. My aunt lives in a senior citizen complex so I began to visit her and her friends weekly. I realized how lonely many old people were, even when there are lots of other senior citizens around.

We all feel lonely at times, but the feelings are compounded for older people. Many are losing their eyesight and their hearing, and this means they are losing touch with the world. Since they don't work anymore and their families are often far away, they don't have very much to focus on.

When you're old, you're sort of left with your loneliness. Older people have the same problems we have, but they can't deal with them the same way we do. I want to help these people by communicating with them, being their friend, and understanding them. This is why I'm studying gerontology.

CO-ED: How do your gerontology studies fit in with your other college courses?

Sue: Since I'm interested in music, and music is a beautiful means of communicating with others, I have decided to combine fine arts and gerontology into a dual major at Fairleigh Dickinson University. A concentration in aging can be coupled with almost any major - psychology, sociology, social work, architecture, business administration, recreation, or nursing.

CO-ED: What do you learn in your courses on aging?

Sue: Gerontology is such a broad, interesting field with many topics to be covered. I learned not only about the problems of vision, hearing, and the heart, but also about how the elderly cope with disabilities or illnesses. Loss of independence, feelings of inadequacy, fears, legal issues concerning the elderly, how it feels to be confined to a wheelchair, how to talk to someone who is hard- of-hearing, and problems of money are all discussed. Because our population is getting older, and people are living longer, the subject of aging has become very important. Everyone should take a few courses on aging so we can understand the problems we will all have to face in the future.

CO-ED: How long have you been working part-time in the Jewish Hospital and Rehabilitation Center?

Sue: Part-time since last February. But before I came here, I volunteered in some senior-citizen centers.

CO-ED: What do you do as the assistant activity coordinator?

Sue: I help gather resources, bring in entertainment, and plan and run programs for the residents. We schedule two or three programs each day on a number of topics. For example, we have music programs, lectures, makeup demonstrations, discussion groups, exercise-to-music, sing-alongs, parties, craft workshops, bowling, and we even publish a monthly newspaper about the lives of our residents. These programs are designed to get the residents out of their rooms, help them to make friends with one another, and to communicate. There are programs all day long, but no one is forced to attend. We don't push anyone, but our turnout is great.

CO-ED: What is the hardest part of your job?

Sue: The hardest part is the death of a resident. Some of these people are in their 90s, and even though I know no one can live forever, I do become attached. When someone I'm fond of dies, I try to be objective, and say, "Well, I'm glad I had a little part in making their last few years happier."

CO-ED: What makes your job rewarding?

Sue: I always leave this place feeling good because I get so much from the people here. I feel wonderful when I walk in here in the morning and get smiles, or when someone says, "You know, Sue, I really love you," or "You're my friend." If someone shares a problem with me, that's rewarding. Over the months, when I see people change, and grow closer to one another through the program I put together, that's really satisfying. As a career, it's very rewarding, because I get so much from these older people. They're very wise. They have been through it all -marriage, raising children, long-term friendships, deaths, everything. They are the biggest resources around, so I get just as much as I give.

- Almee M. Kaye

Kaye, Almee M., **Co-Ed**, January, 1982.

Possible agencies and businesses to explore for positions in the field of gerontology.

Department of Social Services

Social Security Office

Local and State Department of Health and Environmental Control

Regional Health Agencies

Extension Services

Nursing Homes

Hospitals

Senior Centers

Adult Day Care Centers

Community Recreational Agencies

Churches

Some Cultural Stereotypes

1. All old people are alike.
2. Most old people live in institutions
3. Most aging persons are sick, friendless, rejected, neglected, and without resources.
4. Most older adults are handicapped...by chronic diseases.
5. Most older people lose contact with their families.
6. Most older people are not able to make their own decisions.
7. Old age is a second childhood.
8. Aged people have no sex life.
9. Mental illness is a natural part of the aging process.
10. When the elderly becomes a patient he/she discards the roles of adulthood and/or person and assumes the role of dependency.
11. All old people are immature, poor, ill, demented, ugly, "suddenly ignorant" with a mental age of 12 years or less.
12. Elderly people cannot benefit from mental health therapy or medical treatment and are afraid to die.
13. The young members of the family should make the major decisions for the elderly.

Facts

1. The challenge of long term facilities is more than medical.
2. Three-fourths of the non-institutionalized population age 65 and over have one or more chronic conditions.
3. The most prevalent diseases of the elderly are cardiac, cerebral and arterial diseases, mental and nervous disorders, cancer and diseases of the joints.
4. Stated in terms of "chronic conditions" and "most prevalent diseases," the process of aging would seem to inevitably move toward debility, dependence and despair.
5. If we look at aging in terms of capacity to function physically, mentally, and socially, we see great resources for adaptation and great potential for independent and happy living.
6. Aging is an individual process. Abilities, attitudes and problems are different. Bodily changes occur differently and at different times, in different individuals. Aging proceeds at different rates in different systems of the same individual.
7. A complex web of problems can interfere with the aged patient's well- being usually at a time when emotional, economical, and physical resources may be low.
8. Illness and disability are not consequences of aging alone - there is always a disease(s) process involved. "Old people are normal people who become ill."
9. Capacities, personal needs, health status, attitudes and social conditions vary among the elderly as they do among the young.
10. Only about 5% of the elderly are in such poor health that they may be considered bed-ridden or in long-term care facilities.
11. The tendency to respond to negative stereotypes of aged persons can be overcome only by education, training and experience.
12. No one dies of old age.

WORD GAME

Y E A R S O L D C A T A R A C T S

G I N S E L D E R L Y T G T R I E

O L D E N D S T I V Y N L C O F I

L E N T I S F E E B L E A E C A R

O E N I O S A R S S E M S F H L E

T G A B R E E I A I N E S E E S T

N A P A C N D O D T O R E D T E R

O N S I I D O R A I L I S N Y T A

R E E D T L W A H R S T R O K E D

E D F O I A N T E H S E N I L E E

G L I O Z B D E N T U R E S I T N

W O L G E R I A T R I C S I V H E

A G C A N E G S H A W L O V E S D

Y E S O N R I A H C G N I K C O R

I I O B B Y R E V I T I S N E S A

O R G E T F U L N E S S E R O H

In the block of letters above are several terms that have significance in the study of the aging process. Find and circle as many as you can in the time allotted. You are a good sleuth if you can find 20. Listed below are some of the terms in hiding. Define these terms and file in class folder.

arthritis
baldness
cane
cataracts
crochet
deaf
deteriorate
diabetes
elderly
false teeth
feeble
forgetfulness
geriatrics
gerontology
glasses
golden age
hardened arteries
hobby
life span
old
retirement
rocking chair
senile
senior citizen
shawl
stroke
vision defect

THE ELDERLY

Directions: Find the words listed below that relate to the elderly.

U P E V O L I F E S

G N L C A R E A A P

R K D H W E Z I T A

A I E E O D E A F N

N N R E R I P T O A

D D L R K S A N A G

D N Y F M A T U R E

A E B U G B I A U O

D S O F O L E T N L

I S O J O E N N C D

D B H I D E T E L L

N U R S E C A N E B

Word List

age
cane
care
deaf
eat
elderly
good
granddad
job
kindness
love
mature
nurse
old
tell
understand
work

FOCUS ON AGING
PHYSICAL ASPECTS OF AGING

I. Biological Theories of Aging
- A. Nature of changes - biological changes that relate to cell production.
- B. Causes of changes - relate to family histories, longevity, non-lethal doses of radiation, dietary habits.

II. Sensory Changes
- A. Vision
  1. Ability to see from near to far decreases from early childhood throughout life.
  2. Cataracts are common and may require surgery.
  3. Visual acuity decreases slightly until age 50; after that the rate increases.
  4. Pupils decrease in size, letting in less light.
  5. Night vision decreases with aging.
  6. Peripheral vision decreases.
  7. Ability to discriminate difference in colors decreases.
- B. Hearing
  1. Ability to hear high tones decreases throughout life; change is apparent by age 50 and accelerates after 65.
  2. Ability to hear low tones changes only slightly.
  3. Ability to discriminate consonants is lost.
  4. Ability to filter out sounds is lost in an older person.
  5. Changes in mood may be related to loss of hearing.
  6. Responses to verbal stimulus are slowed.
- C. Taste
  1. By age 75 the average person has lost 64% of taste buds.
  2. Decrease in taste can be related to zinc deficiences.
  3. Sweet and salty tastes are lost first; bitter and sour tastes are retained longest.
- D. Smell
  1. Decreased markedly in 42% of elderly.
  2. Loss of smell can produce many safety hazards.
- E. Tactile sense
  1. Aged person's tactile sense is less acute.
  2. Older people receive less tactile stimulation than younger person.

III. Changes in physical appearance and stature
- A. As age advances, nose, ears, and mouth tend to get bigger in proportion to other features.
- B. Baldness or some loss of hair may occur in men and women.
- C. Gray hair is common.
- D. Decreases in subcutaneous tissue causes the body to be more angular.
- E. Muscles are weaker; stiffness associated with calcification of ligaments.

IV. Changes in major organs
- A. Functional ability decreases throughout the life time.
- B. Reabsorptive, absorptive and excretory ability of kidneys decreases markedly with age.
- C. Physical strength tends to decrease with age.
- D. Breathing capacity is reduced.

E. Arteriosclerosis seems to be normal in present population.
F. Cardiac output decreases up to 40%.
G. Blood pressure tends to increase.

V. Ability to adapt to changing conditions
A. Dizziness may occur when older person bathes in warm water.
B. Increased sensitivity to hot and cold.
C. Body temperature may be lower than normal for some older people.

VI. Cognitive Ability
A. Continues throughout life.
B. Intelligent quotient may decrease about one year before death in older persons.

VII. Dietary Needs
A. Food may be less appealing.
B. Ability to digest food may decrease with old age.
C. Factors that may contribute to poor appetite, constipation, general lower health status.
1. Decreased gastric secretions.
2. Lower metabolic rates.
3. Slower emptying of stomach.
4. Poorly fitting denture.
D. Good quality of protein should be available.
E. Bulk food should be present.
F. Fluids should be available.

PHYSICAL ASPECTS OF AGING

Worksheet

A. Describe three (3) physical appearance changes which are normally associated with aging. How may these changes affect an individual's self- concept?

1.

2.

3.

B. Describe one change typically associated with the following:

4. Digestive system

5. Respiratory system

6. Skeletal system

7. Cardiovascular system

8. Ability to hear

C. How may changes in vision affect an elderly person's:

1. Mobility

2. Dress

D. Explain the relationship between typical physical changes and elderly person's ability to maintain personal independence.

COPING WITH HUMAN SUFFERING

We have our ego (our problem-solving self) that tells us what our needs are as projected on society. When we meet too many problems, we develop symptoms. Symptoms are more than indications that something is wrong; they are also protective devices against the very disease that breeds them. Three kinds of symptoms manifest themselves in older persons:

Exclusion of stimuli. If we cannot handle too many stimuli, we just shut some out. The aging process curtails the capacity to deal with the multitude of stimuli that clamour for attention in our complex society, and the organism begins to exclude them from its awareness. If the older person systematically excludes stimuli, then he/she has no regrets about being left out. We let our old people disengage from life. Many of the aged are socially and psychologically dead before they actually die physically.

Conservation of energy. A common observation of the aged is that they hear only what they want to hear, or they remember events of 30 years ago while forgetting where they put their glasses. This kind of memory defect is not only a defense against the impoverishment of the present; it is also an attempt to conserve energy. The kind of memories that the aged retain are those that in one way or another point up former mastery of their environment. If the events of the present are gratifying or important to the unity of the aged person, he/she will not so easily forget them.

Recent experience has shown that an old person can be taught new skills. It may be more difficult than teaching the young, but it can be done. Learning is dependent on memory and the aged show that they can learn if they are convinced that what they are learning will enhance their lives, will give them prestige, and will be appreciated by meaningful others.

A return to previous life, or regression. By regression, we mean the attempt to return to former method of adjustment and mastery whenever the odds for coping with the present reality are overwhelmingly against the individual. We dwell on the past and shut out the reality of the present. This living in the past involves more than simply recalling past experience; it includes fantasies about events that never happened.

Weinberg, Dr. Jack, **The Aged: Their Motivations and Rationalizations.** Presented at Retirement Planning Leadership Conference, sponsored by Institute of Life Insurance, 277 Park Ave., New York, N.Y. 10017.

Aids Toward Helping the Aging to Learn New Things

For an older person to enjoy learning and for the experience to be personally satisfying, some thought must be given to methods and procedures as well as to creating a climate in which learning can take place. The following guiding principles will be helpful for group leaders of older adults:

1. Quality work should be expected from older people, but producing it will take longer than in youth groups.
2. The scope of the instruction should take into account the decrease speed and capabilities of the group members. Short units of work should be planned to give older adults a more immediate feeling of success and mastery.
3. Because learning flows primarily from a satisfying experience and a reward, every opportunity must be used to praise the older person. Errors should be minimized and sarcasm and ridicule should never be used.
4. Because the attention span of older adults is apt to be more limited than that of youth, it is important to have frequent short breaks. Recessing for a cup of tea or coffee can be helpful.
5. Unlike a schoolchild, an older adult is a voluntary-participant. He has joined the group not only for what he hopes to learn but also to enjoy the companionship of other members. He will soon drop out of the group if both of these expectations are not met. If older adults do not enjoy one another, they cannot learn together.
6. The content of any learning situation must be challenging and significant and not just busy work to fill time. Time becomes too precious a commodity to an older person to be wasted in meaningless activity.
7. Each individual in the group needs to feel that his opinions and thoughts are important and will be valued. He must often be encouraged to express them.
8. Older people learn better as participants than as spectators. Being a member of a class is a more effective and satisfying learning situation for older adults than learning alone.
9. Learning should produce immediate and visible satisfactions and tangible products that can be finished in a relatively short period of time. They must, however, be functional. Few older people are interested in making gadgets to clutter up their limited living space.
10. Older people are apt to comment that certain craft procedures are child's play. Materials used - especially scrap material - should be new or of good quality. Objects made should not be too simple but on an adult level.

Vickery, Florence E., **Creative Programming for Older Adults: A Leadership Training Guide**, New York, Associated Press.

Motivating the Resident to Participate

In order to motivate an individual to participate in the activities program, the activities supervisor must have a firm belief in the necessity for activity. Any motivation on the part of the resident can be determined by the atmosphere in which he lives. The entire staff should believe in the program and the need for activity, and everyone should encourage the resident to participate.

Here are some of the reasons why residents do not want to participate.

1. Lack of confidence; insecurity.
2. Fear of competition and failure.
3. There may be a language barrier.
4. Unfamiliarity with the equipment and the program.

Here are some ways to alleviate these reasons and to motivate the residents to participate.

1. Have the staff behind the program.
2. Allow the residents time to adjust. Don't force them.
3. Make sure the residents understand the program.
4. Involve the residents in planning.
5. Ask the residents to assist someone else.
6. Be positive in your approach. Don't expect "no" for an answer.
7. Know the resident's background and interests.
8. Try the "help me" approach.

There is no one way to motivate residents since each resident is an individual. What motivates one will not motivate another. If the resident doesn't respond to one activity there are many other activities in which he may be interested. The main thing to remember is to keep trying. Don't give up on any individual in the home, the person who is unresponsive is probably the person who really needs to be involved in the program. Use volunteers, other staff members and relatives to help motivate the resident also. It may take a long time, but it is very rewarding when you finally get a very unresponsive resident to participate.

Minnesota Department of Health. **Handbook for Activities Supervisors.**

OLDER AMERICANS IN A CHANGING ECONOMY

A. Issue
   1. Under current economic trends, older Americans as a group suffer more financial hardships than any other segment of our population.

B. Policy Recommendations
   1. Resolve that low interest loans or shared costs programs be used to ease the economic burden experienced by the elderly.

C. Action Recommendations
   1. Resolve that energy expenses be reduced by increased weatherization of homes occupied by the elderly.
   2. Resolve that food costs of the elderly be reduced by education in nutrition and budget management.
   3. Resolve that the inflation rate be curbed by controlling waste and fraud in government transfer programs.
   4. Resolve that up to $2000 of unearned income (dividends and interest) per person be tax exempt, both state and federal.

HOUSING

A. Issue
   1. Many older persons are physically and financially unable to maintain their homes.

B. Policy Recommendations
   1. Resolve that low interest loans or shared costs programs be made available to older persons enabling them to acquire, renovate, and/or maintain their own business.

C. Action Recommendations
   1. Resolve that state and federal government sponsor low interest loans for the acquisition, renovation or maintenance of older persons' homes.
   2. Resolve that tax credit incentives be made available to private investors to build and/or convert unused buildings to provide housing for tenants 60 years of age or older.
   3. Resolve that federal legislation be enacted to protect older persons living in apartments which are being converted to condominiums.
   4. Resolve that emphasis be given to providing more congregate housing for the elderly which shall include the services needed by the residents.
   5. Resolve that all federally funded specialized housing for the elderly be regulated by a single standard-setting agency.

South Carolina Governor's White House Conference on Aging Proceedings, 1981.

RETIREMENT INCOME

A. Issue
   1. Many older retired persons have insufficient income to maintain an acceptable standard of living.

B. Policy Recommendations
   1. Resolve that steps be taken to assist retirees to maintain an acceptable standard of living.
   2. Resolve that steps be taken to assist pre-retirees to plan for their retirement.

C. Action Recommendations
   1. Resolve that the earnings limitations of Social Security recipients be eliminated.
   2. Resolve that Social Security withholding on earned income of Social Security recipients be abolished.
   3. Resolve that persons who have earned retirement credits under more than one government retirement system, including Social Security, not be referred to as "double-dipping."
   4. Resolve that a tax credit be given to employers who establish private retirement plans for their employees.
   5. Resolve that a tax deduction be given to employees who contribute to a private retirement plan.
   6. Resolve that the age limit for Supplemental Security Income recipients be lowered from 65 to 62.
   7. Resolve that a federal law be enacted to ensure vesting rights to any governmental employee who has contributed to that system for at least five (5) years.

South Carolina Governor's White House Conference on Aging Proceedings, 1981.

PHYSICAL AND MENTAL HEALTH CARE COSTS

A. Issue
   1. Health care costs have exceeded the average person's ability to pay for medical care.

B. Policy Recommendations
   1. Resolve that adequate medical care be within reach of all older persons.

C. Action Recommendations
   1. Resolve that Medicare and Medicaid cover the costs of prescription drugs, and hearing, dental, eye and foot care and their prosthetic and corrective devices.
   2. Resolve that medical practitioners' fee schedules be available to the public.
   3. Resolve that incentives be developed to motivate medical practitioners to accept assignment of Medicare and Medicaid clients.

A. Issue
   1. The current practice of crisis intervention in treating unwellness is costly and unsatisfactory.

B. Policy Recommendations
   1. Resolve that emphasis be placed on planning for preventive health care.

C. Action Recommendations
   1. Resolve that third party payments be made available for preventive health care services.
   2. Resolve that health and nutrition education programs, health screening and holistic health clinics be increased.

South Carolina Governor's White House Conference on Aging Proceedings, 1981.

TRANSPORTATION

A. Issue
   1. There is a need for more transportation services for the elderly.

B. Policy Recommendations
   1. Resolve that private and public resources be better used for transportation for the elderly.

C. Action Recommendations
   1. Resolve that funding for transportation for the elderly from private and public resources be encouraged by:
      a. reducing the number of federal and state regulations governing transportation;
      b. simplifying funding patterns;
      c. granting monies from Older Americans Act and human services block grant funds to support existing transportation programs for the elderly and for manpower programs (CETA, Title V, etc.) which support transportation;
      d. eliminating those rules and regulations which prohibit voluntary contributions toward transportation services by recipients.
   2. Resolve that more transportation services be made available by encouraging volunteer transportation programs through development of mechanisms for coordination of such pools and reimbursement of costs for fuels, insurance and the like.
   3. Resolve that access to transportation for the elderly be improved by:
      a. developing area-wide coordination of all transportation providers;
      b. emphasizing services for rural and underserved areas.

South Carolina Governor's White House Conference on Aging Proceedings, 1981.

There is a difference when considering hygienic needs of the elderly. There is usually a decline in all five senses. Vision may suffer, not only from the aging process, but also from eye diseases common to the elderly. The ability to hear usually declines. Odors are not sensed too clearly and/or the ability to smell may disappear almost entirely. The sense of touch is impaired. There is a decline in taste buds which reduces taste ability.

The impairment of the senses, the reduction of mobility, stiffening of the joints, and reduced dexterity and balance can all hinder the agility needed to perform hygienic needs. Also, there can be loss of memory and senility, which accounts for unfinished hygienic tasks.

AREA	PROBLEM	NEEDS
Skin	Dry, wrinkled	Use of mild soap Use of emollient creams
	Ulcerations (bed sores)	Extreme cleanliness Improved circulation through adjusted exercise Unwrinkled bedclothing
	Body odor	Use of deodorant Daily cleansing by bath or shower
	Less sensitivity to heat and cold	Test and regulate water temperature
Hands and Feet	Odor	Wash hands frequently Wash feet daily Use of foot powder (especially between the toes)
	Poor circulation	Gentle massage daily Use of supportive shoes Use of warm socks and gloves Daily exercise of both
Dental	Possible dentures	Clean twice daily with brush and cleaner Treat any sores that may occur on gums
Hair	Thinning and Dry Scalp	Wash when needed Brush gently Massage scalp with fingertips
Nails	Thickening	Clean under nails daily Trim after soaking Manicure weekly (For women, nail polish will help morale)

ALTERNATIVES TO INSTITUTIONAL CARE

A. Issue
   1. Lack of in-home services frequently results in premature institutionalization and creates major psychological problems.

B. Policy Recommendations
   1. Resolve that in-home services be provided, including but not limited to homemaker, home health services, nutrition services, adult day care, home repair, weatherization and counseling.

C. Action Recommendations
   1. Resolve that when appropriate, cooperative housing, congregate housing, shared housing, retirement villages and boarding homes be considered before institution.
   2. Resolve that the Medicare and Medicaid programs provide increased in-home services.
   3. Resolve that living arrangements not be a consideration for Supplemental Security Income payments.
   4. Resolve that tax incentives be provided to families who care for older household members in their homes.
   5. Resolve that administrative costs of home-delivered meals be decreased.
   6. Resolve that special emphasis be placed on home-delivered meals to the rural elderly and on bringing the rural elderly to congregate sites.
   7. Resolve that "red tape" be cut at the Area Agency level to accommodate emergency situations in all services.
   8. Resolve that third party reimbursement for homemaker services be continued and that standardized training be available to homemakers in the areas of home management and personal care.
   9. Resolve that homemaker standards and regulations be established for all homemaker service providers.
   10. Resolve that a sliding fee schedule be developed for persons whose income exceeds eligibility guidelines for the home repair/weatherization program.
   11. Resolve that churches, technical and high schools be explored as possible funding and labor sources for the home repair/weatherization program.
   12. Resolve that public and private organizations be utilized to the fullest extent to prolong independent living.
   13. Resolve that all in-home services be coordinated with information and referral centers and a comprehensive needs assessments service.

South Carolina Governor's White House Conference on Aging, Proceedings, 1981.

THE SENIOR SENIOR CITIZEN

One of the greatest blessings to modern society is the nursing home - or rest home, or extendicare home. The senior Senior Citizen, who is living longer but not without illnesses age is heir to, must be cared for.

These aged are children, but without the winsomeness of childhood. Their chief heart appeal is their helplessness. Most of them cannot talk, at least not coherently; cannot handle themselves; must be fed and given every conceivable care.

Physical suffering is not the greatest tragedy of the aged; far more painful are neglect, monotony, loneliness.

There is always something that recognizes and reaches out for the touch of love, the closeness and security of humanity, especially one's very own. A helpless man who could not move any part of his body except his big, sad asking eyes never had a visitor. Finally when he became critically ill, a nurse called his son who lived in the same town. "Do you need us?" she was asked. No, she did not need them. "Well, call us when you need us." And so the father died alone, except for nursing attendants.

There are, of course, families who are grieved because they can visit only rarely, and there are those who make monumental efforts to be with their own. Some are faithful with cards and gifts which those who receive them hold and show as proof that somebody loves them.

To suffice for absent families, there may be others with time and heart to share with senior seniors. Why not make yourself a human link to happiness? Adopt one of these orphans of the heart: visit, be especially gentle, hold a hand, fluff up a pillow, push a wheelchair, take little "surprise" gifts, guide feeble steps and dimmed eyes. Make someone feel he/she is special to you.

As you attempt to lighten the few last days for these sometimes unlovely aged children who will not always know or remember, you "fulfill the royal law" according to the scripture and thereby earn God's benediction of well doing. And, in so doing you will surely find the blessing of peace in your own heart.

(Author unknown)

INSTITUTIONAL CARE

A. Issue

1. Whether older Americans are institutionalized through choice, design or otherwise, there is a societal obligation to assure quality of care.

B. Policy Recommendations

1. Resolve that attention be directed toward the development of public policies that will affect how long term care facilities provide care to older persons.

C. Action Recommendations

1. Resolve to provide for social interaction between the institutionalized elderly and the community at large.
2. Resolve that there be a required minimal level of training (with provisions for inservice training) for all personnel who work directly with the institutionalized elderly.
3. Resolve that individualized plans of care be developed for each institutionalized aged person.

A. Issue

1. There is a need for an organized continuum of long term care.

B. Policy Recommendations

1. Resolve that efforts be made to determine the most appropriate level of long term care for older persons to avoid unnecessary or premature institutionalization.

C. Action Recommendations

1. Resolve that a national policy on long term care services be developed.
2. Resolve that a statewide community long term care project be implemented for the purpose of defining service options and enlisting and expanding community based services.
3. Resolve that state mental health commitment laws be strengthened to prevent inappropriate institutionalization.
4. Resolve that long term care facilities be required to implement a comprehensive needs assessment for elderly clients/patients.
5. Resolve that families of institutionalized older persons be educated regarding their rights, responsibilities, resources and recources.

South Carolina Governor's White House Conference on Aging, Proceedings, 1981

LIVING IN THE COMMUNITY VERSUS LIVING IN A LONG-TERM CARE FACILITY

Condition Before Entering the Facility

Incident

Mr. E., 84, has been a resident for six years. At the age of 65 he retired from his job as a successful distributor of fruits and vegetables. His wife died when he was 71. At that point he went to live with his younger sister (age 63) because his three children had all moved to various parts of the country for business reasons. At the age of 74, Mr. E. had a severe stroke which left him completely paralyzed on the left side and unable to care for himself. It was necessary for him to enter a long-term care facility when his sister died of a heart attack leaving no one to care for him.

Background

Elderly people sustain many losses in all aspects of their lives. Since the aging process varies for each individual it is impossible to generalize about "all elderly people." Following, however, are some of the losses and changes that often accompany aging.

Loss of Real Objects

Job--

Many jobs force retirement at age 65 or 70. While some people welcome the freedom resulting from not working, for others the thought of retirement is very depressing. There are several unpleasant factors which may be associated with retirement. These include:

1. The person may lose the sense of accomplishment which comes from performing a useful task.
2. The retired person is sometimes bored if he/she cannot find satisfying activities to replace the job.
3. The social interactions which took place at work must be replaced or they will be missed.

Loved Ones--

As a person ages, many of the important people in that person's life are no longer present. There are several reasons for this, including:

1. Children may move to different areas of the country for business or personal reasons.
2. Friends or relatives may move to retirement communities in different locations.
3. Parents and some friends and relatives die.

Loss of loved ones removes many sources of emotional support and social interaction for the older individual.

Financial and Property Resources--

The elderly person's financial resources may be strained as a result of decreased income, increased expenditures for health, and for the costs of living in a long-term care facility.

1. Retirement brings a dramatic reduction in income.
2. The older person is likely to have increased medical expenses.
3. Living expenses may even go up when a person enters a facility.
4. Inflation further reduces the value of the fixed incomes.

Loss of financial stability reduces the individual's choices to do things or buy things he/she was able to afford in the past. This lowers self-esteem, and reduces his/her ability to be independent.

Physical Losses

Lowered Sensory Ability--

1. Many elderly people have problems with all five senses.
2. The vision of older people may suffer both because of the normal processes of aging and because of diseases which are more common in the elderly.
3. Disease and the normal aging process may bring a decline in the ability to hear.
4. The ability to taste is reduced because the number of taste buds decline.
5. Odors are not sensed as clearly; the ability to smell may disappear almost entirely.
6. The ability to sense objects by touch declines.

A decline in sensory ability has many psychosocial implications. Social interactions may be reduced and become less satisfying because people "talk to" others visually (smiles, frowns) and by touch (patting, hugging) in addition to speaking.

There will be less independence. A person who cannot see well may not be able to drive, and may need to be more careful walking. Loss of sense of smell and touch will make the individual more vulnerable to dangerous situations. They may not be able to detect the odor of dangerous fumes, may not be able to smell smoke, and they might not be able to feel hot liquids or cigarettes. In addition, lowered sensory acuity may cause embarrassment; the person may have less self-respect and may be less likely to seek new friends.

Emergency of Speech and Language Disorders--

There are two kinds of speech disorders which can occur:

1. Dysarthria, a problem of the nerves and muscles which causes the sounds which the person makes to be slurred, weak or to have a nasal quality.
2. Receptive and motor aphasia (loss of ability to use words).
   a. In receptive aphasia the resident cannot understand what is being said by others.
   b. In motor aphasia the resident can understand others but cannot put thoughts into words.

Speech and language disorders will reduce the individual's ability to communicate with others. In addition, they will cause the person embarrassment, reducing his/her self-esteem.

Reduced Mobility--

The reduction in mobility with age comes from several factors:

1. There is less control over muscles.
2. There is a stiffening of the joints.
3. There are changes in walking patterns because older people take shorter steps, lift their legs higher and move their legs further apart.
4. Accidents are more-frequent; sometimes they cause only temporary disability but sometimes they make walking without canes or walkers impossible.
5. Diseases such as arthritis, rheumatism and cardiovascular disease reduce the ability to move around easily.

There are several psychosocial implications of reduced mobility. The person will not be able to visit friends and relatives as easily, reducing social interaction. There will be reduced independence because walking may be more difficult and the person may need such supports as canes and walkers. The person may have a lower sense of self-respect, causing him/her to feel uncomfortable in the presence of others.

Reduced Dexterity--

The older person's movements are not as accurate as those of a younger individual. There are many reasons for this:

1. Muscular control may decline with aging.
2. There is a loss of muscular endurance (ability to sustain activity for long periods).
3. Joints lose some of their flexibility.
4. Illnesses such as arthritis and Parkinson's disease reduce movement.

The psychosocial implications of reduced dexterity are the same as for reduced mobility.

Reduced Balance--

Many elderly people cannot stand and walk securely as a result of the conditions listed in the last two sections. Falls are most frequent in older people, and since their bones are more brittle than those of a younger person, fractures often result. The implications are the same as those for reduced mobility.

Decline in General Health--

This results in reduced mobility, loss of independence, and loss of self- respect. There is partial loss of functioning of body systems - Aging causes changes in many of the body systems.

Loss of Physical Attractiveness--

Many older people are upset by body changes which they believe make them less attractive to others. Various changes contribute:

1. Changes in height and posture; older people do not generally stand as erectly as they did when younger.
2. Changes in the amount and distribution of weight.
3. Changes in body hair.
4. Changes in facial structure.
5. Changes in body composition, muscle tone decreases and more of the body weight is present as fat.
6. Changes in skin tone. The skin becomes looser, with more wrinkles.

When people feel that they are physically unattractive they are less likely to make new friends because they have less self-confidence.

Personal and Social Difficulties--

Although the problems described below can be present at all ages, they tend to be more common in older people.

These difficulties can cause embarrassment and withdrawal from some social contacts and sometimes cause complete dependence upon others for solving problems and obtaining answers.

Depression--

Depression can occur following the death of a relative or close friend, or an accident that left the person disabled. Such depression is called reactive depression. In addition, depression can occur in the absence of any obvious causes. This is called endogenous depression. Symptoms of depression include:

1. Loss of appetite
2. Weeping
3. Withdrawal from other people
4. Loss of interest in entertainment
5. Sad look
6. Sleep problems
7. Expression of feeling of worthlessness
8. Expression of feelings of guilt

A severely depressed person may have suicidal thoughts, express them, and possibly even act on them.

Organic Brain Syndrome--

Organic brain syndrome occurs when brain tissue does not function as well as before. Symptoms of organic brain syndrome include problems with:

1. Understanding
2. Memory
3. Orientation to person, time or place
4. Judgment
5. Mood

Disorientation--

Disorientation can be mild or extreme; in extreme cases the resident may not know who he/she is, or what time it is. Behaviors which occur when a person is disoriented include the following:

1. Forgetfulness
2. Problems with speaking
3. Agitation
4. Incontinence
5. Wandering off and getting lost
6. Panic
7. Losing personal belongings
8. Taking other people's belongings
9. Decline in personal habits
10. Leaving personal things in many places (such as dentures in someone else's room)
11. Not being able to perform the activities of daily living (washing, dressing, eating, etc.)

Reduced Mental Ability

Some elderly people gradually suffer from a reduction of mental abilities. Sometimes this only appears to be the case because they respond more slowly and are more cautious as they get older.

Types of Real Losses--

1. Reduced memory - especially of recent events
2. Impaired ability to concentrate
3. Impaired ability to think logically
4. Impaired ability to learn, to absorb new concepts

Causes of Loss in Mental Ability--

There are two major causes. In many instances loss of mental ability is the result of changes in other body systems.

- -- Reduced ability to see, hear, taste, smell, and sense things by touch resulting in fewer signals coming to the individual, the person is therefore less aware of surroundings.
- -- The decline of the cardiovascular system results in less blood flow to the brain, and destruction of brain tissue.
- -- Loss in mental ability can be caused by a loss in the number of nerve cells in the brain.

Implications

The changes described above which occur with age result in a lower level of satisfaction of many of the psychosocial needs. As mentioned above:

1. There will be reduced independence.
2. The older person has fewer sources of emotional support.
3. The individual will have fewer and less meaningful social interactions.
4. Increasing age often brings lower sense of self-respect.
5. There will be a greater need for spiritual support.

"Understanding Aging and Human Care Needs," American Health Care Association, 1978, Washington, DC.

ADJUSTMENT TO INSTITUTIONALIZATION

Background/Necessary Adjustments

For an older person who has physical disabilities and who can no longer take care of his/her everyday needs, living in a nursing home facility is an alternative to living with family members. Although an individual must give up many important things to move into a nursing home, an individual can find safety and security in return. In addition, if a person is fortunate enough to be able to accept the situation and has emotional support from friends and relatives outside the facility, the experience can be a rewarding one. The section which follows summarizes some of the losses which are sustained when a person enters a nursing home. These losses must be replaced so the individual can make a satisfactory adjustment to a new way of life.

They include:

1. Fewer opportunities for useful activities
2. Lack of control over activities
3. Separation from family members
4. Shrinkage in area of living space
5. Lack of control over space
6. Loss of pets

Fewer Opportunities for Useful Activities

Life in an institution offers fewer opportunities to engage in daily activities which give a sense of accomplishment and purpose. Boredom is an ever-present problem and when few interesting activities are available, people may resign themselves to an increasingly less active life. That, in turn, leads to more physical problems because reduced activity brings weaker circulation and dulls the senses.

Therefore, a long-term care facility should provide a wide range of satisfying activities and continuously encourage residents to participate in them. The activities which people must give up when they enter a long term care facility include the following.

Housecleaning--

Although housecleaning is regarded as drudgery by many people it has positive aspects which include:

1. A sense of satisfaction and accomplishment whenever the job is completed to one's satisfaction;
2. The feeling of independence from maintaining living space according to one's own standards of cleanliness.

Shopping--

There are several positive aspects of shopping which include:

1. A change of scenery
2. Social interactions with neighbors and with store personnel
3. The feeling of "giving" to others.

Gardening--

There are many positive aspects of gardening which include:

1. Self-expression in landscaping
2. The job of helping to create something
3. A feeling of accomplishment
4. Possible financial gains from growing vegetables, fruits and herbs
5. Creation of pleasant surroundings.

Vehicle, Appliance and Other Repairs--

The positive aspects of doing repairs include:

1. A sense of usefulness
2. Challenges and a feeling of accomplishment
3. An expression of individual identity.

Decorating--

Many people find decorating to be very satisfying. Positive aspects of decorating include:

1. A sense of control over one's environment
2. Self-expression
3. Sense of satisfaction and accomplishment
4. Enhancement of one's environment

Other--

There are many other activities which provide individuals with a sense of accomplishment and satisfaction:

-- Hunting and fishing provide sources of financial gain (food), social interaction and the pleasure of being in touch with nature.
-- Caring for others provides a sense of accomplishment, a sense of feeling needed and social interaction.
-- Civic activities provide a change of scenery, social interaction, stimulating work, self-expression, challenges and a sense of accomplishment.
-- Other volunteer activities provide a sense of satisfaction, a feeling of being needed, social interaction, self-expression and rewarding work.

Lack of Control Over Activities

Probably the most disturbing thing a person encounters when he or she enters a long-term facility is the loss of control over the many aspects of daily living. Much more than before, the resident's normal habits have to change to comply with external requirements, for instance:

-- Life with a roommate means loss of privacy.
-- Residents sometimes need to be helped with personal hygiene and body functions.
-- Meals are served on a fixed schedule.
-- Sleeping habits may be controlled (times of going to bed and waking up may be determined by the facility).

Separation From Family

Entering a long-term care facility makes it necessary for the resident to develop a new relationship with other family members. The newly admitted resident often is lonely and misses his/her family.

Shrinkage in Area of Living Space

When people come to a nursing home they generally exchange a relatively large house or apartment for a single room or a shared room. Because of this:

1. The amount of space "belonging to" the resident decreases.
2. There is not enough space for personal belongings.
3. Residents may have to give away things of great sentimental value (pictures, furniture, etc.).
4. Residents may not be able to acquire new belongings.
5. There is not enough space to entertain friends and relatives.

Lack of Control Over Space

Even in their own rooms residents may not be able to:

1. Listen to music.
2. Have visitors.
3. Play a musical instrument.
4. Read late at night.
5. Have privacy for sexual activity.

Loss of Pets

Most people become very attached to their pets. Loss of an animal can be a very sad experience for anyone, but it is especially difficult for an older person who may have had the pet for many years.

Implications

To summarize, the implications of institutionalization, with respect to the five basic psychosocial needs, are:

-- The resident loses many opportunities for open, unlimited and spontaneous social interactions.
-- The resident in a nursing home has much less independence than a person living at home.
-- The resident must change the location of spiritual involvement.

Staff Approaches

Although the losses which take place as a result of institutionalization cannot be replaced directly, you can do a great deal to lessen the impact of these losses. You can:

-- Learn and thoroughly understand the losses sustained as a result of moving to an extended care facility and the psychosocial effects of these losses.
-- Follow the plan developed by the Care Planning Team to help the residents in your care cope with these losses. This plan may include the following:
    1. Providing ways for the resident to have as much independence as possible (consistent with health and safety).
    2. Encouraging the resident to maintain as many old friendships as possible by mail if necessary.
    3. Providing opportunities for the residents to make new friends within the facility.
    4. Encouraging residents and family members to have as much contact as possible.
    5. Creating a climate of acceptance and understanding.

6. Being patient with those residents who may not express their needs clearly or directly.
7. Encouraging residents to remember birthdays, anniversaries, and holidays in ways that are consistent with living in the facility. For example, they could make their own cards instead of buying them.
8. Encouraging the resident to establish ways of having as much privacy as possible, while maintaining health and safety.
9. Urging residents to put their personal touches on (to decorate) their rooms. They should be encouraged to use as many of their personal belongings as possible (pictures, for example).
10. Encouraging the resident to participate in activities which are similar to those enjoyed earlier.
    a. The resident could be encouraged to cook favorite dishes or birthday cakes (if facilities exist).
    b. The resident could be encouraged to do some gardening on the grounds or indoors.
    c. The resident could be encouraged to maintain interest in civic activities by newspaper, television, or mail.
    d. The resident could be encouraged to make presents for friends and family members.
11. Urging the resident to fulfill all spiritual needs and to contact their own preferred clergy.
12. Encouraging established residents to help incoming residents make the transition to the nursing home. They could help the new resident overcome "trouble spots."
13. Overcoming any negative feelings which you or the resident may have about aging.
14. Emphasizing the positive aspects of living in the family (for example, they have more time to pursue interests now that other people are responsible for everyday chores).

Put your plan in effect in conjunction with existing policies in the facility.

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